

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/26/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left C6 Selective Nerve Root Injection

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Physical Medicine and Rehabilitatio

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 12/4/08 and 12/22/08

Records from 9/16/08 thru 11/24/08

Electrodiagnostic Studay 10/9/08

MRI 8/4/08

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old man injured on xx/xx/xx when he felt a pop in his neck. He has since had neck pain and left arm numbness. Dr. described (9/16/08) a pain drawing with pain along the left shoulder and numbness in his left arm. His MRI showed no involvement at the left C5/6 and C6/7 area, but there was mild left C4/5 stenosis due to facet arthropathy. Most of the abnormalities were on the right side. Dr. was considering a selective root block if the electrodiagnostic studies were abnormal. The radiologist specifically commented upon the absence of any left foraminal stenosis. The electrodiagnostic studies showed evidence of carpal tunnel syndrome, but no evidence of a radiculopathy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The EMG emphasizes motor root involvement over sensory involvement. This man's complaints were sensory rather than motor. The CTS findings can explain the finger symptoms, but not the neck and arm pain. Dr. made it sound as if was in the C6 one. The selective root blocks are generally considered with epidural injections. These are approved for therapeutic treatment of radicular pain with corroborative findings of a radiculopathy. The Reviewer does not have a specific confirmatory finding. At the same time, the criteria for a diagnostic nerve root block differs. It is approved when there is a conflict between the presence of dermatomal sensation and physical findings conflict with the radiological studies, as in this case. The Reviewer's medical assessment is that a diagnostic block is therefore appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)